

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/58/538

6-2-2006

CLAIMS

	AS FILED		AFTER		AFTER	
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3	1		1			
4						
5						
6						
7						
8	1		1			
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10	1		1			
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50						
TOTAL IND.			1			
TOTAL DEP.			9			
TOTAL CLAIMS		10				

	AS FILED		AFTER		AFTER	
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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